

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/563673**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/	/			52						
3		/		/			53						
4		3		/			54						
5		3		/			55						
6		0		/			56						
7	/		/				57						
8		/		/			58						
9		0		/			59						
10		0		/			60						
11		0		/			61						
12	/		/				62						
13		/		/			63						
14		0		/			64						
15		0		3			65						
16		0		3			66						
17		0		3			67						
18							68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	21	←	20	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24		23				TOTAL CLAIMS						